2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90159 001 ***140.00

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1. Entity Name
EPPS CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
2300 NORTH PLACE BLVD PENSACOLA, FL 32505	6250 COLLEGE BLVD PENSACOLA, FL 32504

66007015

02262008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
36-4495645
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TISDALE, SYLVIA E
~~325 NORTH A STREET~~ 6250 College Blvd
PENSACOLA, FL 32501 Pensacola Fl 32504

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TISDALE, SYLVIA E
STREET ADDRESS	6250 COLLEGE BLVD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	HILL, ROBERT
STREET ADDRESS	312 S. MILE ROAD
CITY-ST-ZIP	PENSACOLA, FL 32513
TITLE	D
NAME	TISDALE, PAMELA
STREET ADDRESS	6250 COLLEGE BLVD.
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	TD
NAME	TISDALE, JOSHUA
STREET ADDRESS	6250 COLLEGE BLVD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	BLAIR, BRUCE
STREET ADDRESS	607 PALM CRT
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D
NAME	BLAIR, DONNA
STREET ADDRESS	607 PALM CRT
CITY-ST-ZIP	PENSACOLA, FL 32505

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sylvia E Tisdale 4/4/08 (850) 572-5761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #